

FORM  
5ARev  
06/12

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

402512360

Date Received:

## COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10110  
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC  
 3. Address: 1001 17TH STREET #2000  
 City: DENVER State: CO Zip: 80202  
 4. Contact Name: Renee Kendrick  
 Phone: (720) 595-2114  
 Fax:  
 Email: rkendrick@gwogco.com

5. API Number 05-123-23335-00  
 6. County: WELD  
 7. Well Name: STANLEY OLSON  
 Well Number: 2  
 8. Location: QtrQtr: SWNE Section: 14 Township: 2N Range: 68W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type:  
 Treatment Date: End Date: Date of First Production this formation: 12/16/2006  
 Perforations Top: 7948 Bottom: 7978 No. Holes: 60 Hole size: 38/100  
 Provide a brief summary of the formation treatment: Open Hole: ☐  
 This formation is commingled with another formation: ☐ Yes ☒ No  
 Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
 Type of gas used in treatment: Min frac gradient (psi/ft):  
 Total acid used in treatment (bbl): Number of staged intervals:  
 Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
 Fresh water used in treatment (bbl): Disposition method for flowback:  
 Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
 Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

## Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
 Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
 Test Method: Casing PSI: Tubing PSI: Choke Size:  
 Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: On 9/27/2020, a CIBP was set @ 7890' with 4 sx of cement over the JSand for a MIT. The plug was left downhole after the test. This well is closed to atmosphere by 5K wellhead. This well will be evaluated for leasehold or P&A'ed as budget allows after 2020.

Date formation Abandoned: 09/27/2020 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7890 \*\* Sacks cement on top: 4 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 12/16/2006

Perforations Top: 7296 Bottom: 7534 No. Holes: 88 Hole size: 42/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: On 9/27/2020, a CIBP was set @ 7240' with 4 sx of cement over the NB-CD for a MIT. The plug was left downhole after the test. This well is closed to atmosphere by 5K wellhead. This well will be evaluated for leasehold or P&A'ed as budget allows after 2020.

Date formation Abandoned: 09/27/2020 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 7240 \*\* Sacks cement on top: 4 \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Renee Kendrick

Title: SR Regulatory Analyst Date: \_\_\_\_\_ Email: rkendrick@gwp.com

**Attachment Check List**

Att Doc Num	Name
402512401	OPERATIONS SUMMARY
402512403	WIRELINE JOB SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)